

EXHIBIT “L”



May 20, 2010

WINDSOR SECURITIES, LLC.
C/O STEVEN PRUSKY
25 EAST ATHENS AVENUE
ARDMORE PA 19003

Dear Windsor Securities, LLC. :

**RE: Policy No. 93 783 751 Insured(s): Joe E Acker
John Hancock Life Insurance Company (U.S.A.)**

We enclose your registered copy of the **Change of Ownership (Absolute Assignment)** form. This change was registered **March 25, 2010**. Please attach this form to your policy contract for future reference.

If you require additional information, please contact our Customer Service Center at 1-800-387-2747. Thank you for selecting John Hancock for your financial needs.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shainaaz Gulamani".

Shainaaz Gulamani
Sr. Titles Associate
Customer Service Center
encl.



Change of Ownership (Absolute Assignment)

THA/G/1/10

Mail your request to:
For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Section A - Current Policy Information

1. a) Name of Owner(s) JOE E. ACKER FAMILY INSURANCE TRUST b) Policy Number 93783751
c) Life Insured(s) JOE E. ACKER
d) Address 725 ESCO ROAD CONER, GA 30629 e) Daytime Phone No. _____

Section B - Change of Ownership (Absolute Assignment)

For ☒ Value received; or ☐ as a Gift for Love and Affection,

the undersigned hereby transfers and assigns absolutely, all rights, title and interest in the above policy(ies) to the Assignee(s) indicated below and
HEREBY REVOKES ANY BENEFICIARY DESIGNATION or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured under the above policy(ies) and directs that such proceeds be paid to the Assignee(s) and, if more than one, in the same proportion as their ownership rights bear to one another. The Assignor(s) WARRANT the validity of this assignment.

Name of New Owner (Assignee)

Relationship to Life Insured

WINNAP SECURITIES, LLC

Mailing and Billing Address of New Owner (Assignee) - Street, City, State, Zip Code

If no address is indicated, the Mailing and Billing Address will remain the same.

610 STEVEN PEUSKY
25 EAST ATHENS AVENUE
ARMORE, PA 19003

Section C - Signature(s) of Current Owner - Person/entity making this transfer

Signed at City/State

Coner, GA

Date

MARCH 18, 2010

Signature of Witness

Signature of Owner (if corporation, officer(s) Name/Title must be indicated)

X JOE E. ACKER TRUSTEE

Signature of Witness

Signature of Owner (if corporation, officer(s) Name/Title must be indicated)

X

Registered By The Company

MAR 25 2010

on.....

Section D - Request for Taxpayer Identification Number and Certification - MUST be completed by the NEW Owner

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Withholding, individuals and sole proprietors MUST give their Social Security Number. Other entities MUST give their Employer Identification Number.

Social Security Number

If you have no number or you have applied for a number and are waiting for one to be issued, write "APPLIED FOR" in the boxes. You then have 60 days to supply your TIN number to us. After 60 days The Company must begin Backup Withholding.

Tax ID Number

Redacted

CERTIFICATION - UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

☒ The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me).

☐ I am no longer subject to Backup Tax Withholding.

☐ For Minnesota residents only. I have received a copy of IRS Form W9.

☐ I am subject to Backup Tax Withholding.

☐ Check box ONLY if you are not a United States citizen (complete IRS Form W-8BEN).

☐ I am exempt from Backup Tax Withholding.

Signed at City/State

Date

Aramoos, PA

March 23, 2010

Signature of NEW Owner/Taxpayer (If corporation, officer(s) Name/Title must be indicated)

x  member under LLC

Registered By The Company

MAR 25 2010
on.....

